

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF GUSTAVO ROMANELLO	<b>RECEIVED</b> MAR 31 2014 U.S. Marshals Service, EDNC	COURT CASE NUMBER 5:14-CV-177-FL
DEFENDANT CAPITAL ONE BANK (USA), N.A.		TYPE OF PROCESS Summons/Complaint/Fin. Disc. Stmt.

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Capital One Bank (USA), N.A.  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
1680 Capital One Dr., McLean, VA 22102

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  U.S. District Court Clerk's Office PO Box 25670 Raleigh, NC 27611	Number of process to be served with this Form 285	3
	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>56</u>	District to Serve No. <u>56</u>	Signature of Authorized USMS Deputy or Clerk <u>Carol Smith</u>	Date <u>3-31-14</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	<b>FILED</b> APR 11 2014 JULIE A. RICHARDS, CLERK US DISTRICT COURT, EDNC BY <u>[Signature]</u> DEF CLK	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address ( <i>complete only different than shown above</i> )		Date <u>4-4-14</u> Time <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy <u>Carol Smith</u>

Service Fee <u>800</u>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <u>800</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>800</u> <u>80.00</u>
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REMARKS: 3-31-14 CM 7012 3050 0002 0487 4964  
4-10-14 See attached

- DISTRIBUTE TO:**
1. CLERK OF THE COURT
  2. USMS RECORD
  3. NOTICE OF SERVICE
  4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. *CNS*

## 1. Article Addressed to:

*Capital One Bank (WA), N.A.  
1680 Capital One Dr.  
McLean, VA 22102*

2. Article Number  
(Transfer from service label)

PS Form 3811, July 2013

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*X*☐ Agent☐ Addressee

## B. Received by (Printed Name)

*A. H.*

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

## 3. Service Type

☐ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

## 4. Restricted Delivery? (Extra Fee)

☐ Yes*5:14-CV-177-FL*

7012 3050 0002 0487 4964

Domestic Return Receipt